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CORRESPONDENCE ADDRESS**
*Application*Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/843,642
Filing Date	April 25, 2001
First Named Inventor	Pounds
Art Unit	2661
Examiner Name	Eng. G.
Attorney Docket Number	VNI-005.CIP

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Please change the Correspondence Address for the above-identified application to:

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Customer Number

Type Customer Number here

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Number Bar Code
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OR

☒Firm or
Individual Name

Loudermilk & Associates

Address

P. O. Box 3607

Address

City

Los Altos

State

CA

ZIP

94024-0607

Country

U.S.A.

Telephone

408-342-1866 (unchanged)

Fax

408-342-1868 (unchanged)

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐

Applicant/Inventor.

☐Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Alan R. Loudermilk, Reg. No. 32,788

Signature

Date

April 18, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.